

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036942

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2569

FILED SEP 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Koch

Length of stay in lb

38 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Robert Koch Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET

ADDRESS

322 Plum

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

EMMA

First

Middle

BEGLEY

Last

4. DATE OF DEATH

Sept. 3

Month

Day

1962

Year

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-14-87

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

5 20

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Conrad Schildroth

13b. MOTHER'S MAIDEN NAME

Christine Pesch

14. NAME OF HUSBAND OR WIFE

Dan Begley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or Unknown) (If yes, give war or dates of serv

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address

KATHERINE SCHEURMAN BALDWIN, ILL.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cirrhosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-27-62 to 9-3-62 and last saw her live on 9-3-62
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arl R. Brown, M.D.

22b. ADDRESS

Robert Koch Hospital
Koch, Mo.

22c. DATE SIGNED

9-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

9-7-1962

23c. NAME OF CEMETERY OR CREMATORY

ST. MATTHEW

23d. LOCATION (City, town, or county)

ST. LOUIS

23e. STATE

MO.

24. FUNERAL DIRECTOR

ADDRESS

E. J. SCHNUR 3125 LAFAYETTE

25. DATE RECD. BY LOCAL REG.

9-4-62

26. REGISTRAR'S SIGNATURE

John P. Murphy, Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.